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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Stefan M. Pulst

Application No.: 10/750,323      Group: 1634  
Filed: December 30, 2003      Examiner: Jeanine A. Goldberg  
Confirmation No.: 4927

For: NUCLEIC ACID ENCODING SPINOCEREBELLAR ATAXIA-2 AND  
PRODUCTS RELATED THERETO

|   |                             |
|---|-----------------------------|
| CERTIFICATE OF MAILING OR TRANSMISSION  |                             |
| I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or is being facsimile transmitted to the United States Patent and Trademark Office on: |                             |
| <u>10-17-06</u>   | <u><i>Amy T. Comeau</i></u> |
| Date  | Signature                   |
| <u>Amy T. Comeau</u>  |                             |
| Typed or printed name of person signing certificate   |                             |

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment for filing in the above-identified application.

- [ ] Small entity status of this application under 37 C.F.R. 1.9 and 1.27 has been established by a Small Entity Statement previously submitted.
- [ ] A Small Entity Statement to establish small entity status under 37 C.F.R. 1.9 and 1.27 is enclosed.

The claims fee has been calculated as shown below:

|  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |          | HIGHEST NO.<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |
|--|---|----------|---------------------------------------|------------------|
| TOTAL  | 27  | MINUS *  | 41                                    | 0                |
| INDEP  | 9   | MINUS ** | 14                                    | 0                |
| <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM |   |          |                                       |                  |

\* not fewer than 20

\*\* not fewer than 3

## SMALL ENTITY

| RATE     | ADDIT.<br>FEE |
|----------|---------------|
| X \$ 25  | \$            |
| X \$ 100 | \$            |
| + \$ 180 | \$            |

TOTAL= \$ 0

OTHER THAN  
SMALL ENTITY

| RATE     | ADDIT.<br>FEE |
|----------|---------------|
| X \$ 50  | \$            |
| X \$ 200 | \$            |
| + \$ 360 | \$            |

TOTAL= \$ 0

The Application Size Fee has been calculated as shown below:

(Effective for cases filed on or after December 8, 2004)

| Actual Sheets<br>(Including<br>current<br>amendment) | Highest No. of<br>Sheets Paid<br>For<br>(At least 100) | No. of<br>Additional Units<br>Required<br>(Increments of<br>50 sheets) |
|--|--|--|
|  |  |  |

## SMALL ENTITY

| Rate    | Total<br>Amount<br>Owed |
|---------|-------------------------|
| X \$125 | \$[ ]                   |

OTHER THAN  
SMALL ENTITY

| Rate    | Total<br>Amount<br>Owed |
|---------|-------------------------|
| X \$250 | \$[ ]                   |

|                                    |
|------------------------------------|
| Payment<br>Sufficient for<br>up to |
| [ ] Sheets                         |

### Petition for Extension of Time

[X] Applicant hereby petitions to extend the time to respond to the Office Action dated April 17, 2006 for three months from July 17, 2006 to October 17, 2006. The appropriate fee is set forth below.

[ ] [For action-specific language in an extension of time, go to insert, file, public folders, firm templates, and select the appropriate paragraph.]

**Please charge Deposit Account No. 08-0380 for the following fees:**

|                          |   |             |
|--------------------------|---|-------------|
| <input type="checkbox"/> | Petition for [            ] month Extension of Time | \$ _____    |
| <input type="checkbox"/> | Claims Fee  | \$ _____    |
| <input type="checkbox"/> | Application Size Fee                                | \$ _____    |
| <input type="checkbox"/> | Other Fees:   |             |
|                          | _____   | \$ _____    |
|                          | _____   | \$ _____    |
|                          | TOTAL:  | \$ <u>0</u> |

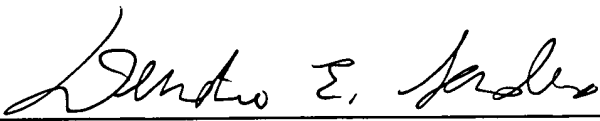
**A check is enclosed in payment of the following fees:**

|                                     |   |                |
|-------------------------------------|---|----------------|
| <input checked="" type="checkbox"/> | Petition for three months Extension of Time | \$ <u>1020</u> |
| <input type="checkbox"/>            | Claims Fee                                  | \$ _____       |
| <input type="checkbox"/>            | Application Size Fee                        | \$ _____       |
| <input type="checkbox"/>            | Other Fees:                                 |                |
|                                     | _____                                       | \$ _____       |
|                                     | _____                                       | \$ _____       |
|                                     | TOTAL:                                      | \$ <u>1020</u> |

☒ Please charge any deficiency or credit any overpayment in the fees that may be due in this matter to Deposit Account No. 08-0380. A copy of this letter is enclosed for accounting purposes.

Respectfully submitted,

HAMILTON, BROOK, SMITH & REYNOLDS, P.C.

By 

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Dated: October 17, 2008